

KIDNEY ADVISORY GROUP

December 2016

PAPER

PRIORITISATION FOR PATIENTS WHO MISS OUT ON A TRANSPLANT WHEN AN IDENTIFIED PAIRED/POOLED DONATION OR ALTRUISTIC DONOR CHAIN DOES NOT COMPLETE

1. BACKGROUND

At the June 2016 meeting of Kidney Advisory Group (KAG), it was agreed that a proposal to offer prioritisation for patients who miss out on a transplant when an identified paired/pooled donation or altruistic donor chain does not complete would be presented to KAG for approval.

Since the start of the UK living kidney sharing schemes (UKLKSS) in April 2007, one recipient at the end of a long chain, scheduled for non-simultaneous surgery and one recipient in a short altruistic donor chain, in a simultaneous exchange, have missed out on the opportunity of a transplant. In the second case, the recipient was due to receive a non-directed altruistic donor kidney at the start of a short chain. For a clinical reason, discovered at the time of surgery, the non-directed donation was unable to proceed but the paired donor had already donated to a recipient on the national transplant list, leaving the recipient without a transplant.

In the first case, in April 2016, the recipient on the national transplant list received a deceased donor kidney soon afterwards, without prioritisation and was successfully transplanted. In the second case, in November 2016, a system of prioritisation was agreed with the Chair of KAG and Assistant Medical Director of ODT, in discussion with colleagues in the Duty Office, LKD Schemes and the transplant centre. The patient has since accepted the offer of a non-directed altruistic living kidney and the transplant is scheduled to proceed 21 days after the original date of transplant.

2. PROPOSAL

The case in November provided a useful test case to support the following proposals. Two options were discussed and option 2 was put in place due to patient and transplant centre preference for a living donor kidney. Given that the patient was blood group (A) and there were no HLA mismatch or age preferences, the patient was likely to receive an offer within an acceptable timeframe, which proved to be the case...

Option 1:

Prioritisation for any kidney offer, deceased or living, that is HLA and blood group compatible using an amendment to the existing prioritisation system for recipients who miss out on a deceased donor transplant. Patients would be prioritised at the top of their Tier in the kidney matching run such that any higher prioritised patients would still receive ultimate priority. Patients would have an opportunity to accept or decline any offer of a matched donor until they accepted an offer. Although this system could be left open indefinitely, it is recommended that, if an offer has not been accepted within 3 months of prioritisation, this would be reviewed with the transplant centre. This differs from the existing deceased donor scheme, where prioritisation stops if a patient declines the offer of a suitable kidney.

Option 2:

Prioritisation for any living kidney offer (i.e. non-directed altruistic kidney donor) that is HLA and blood group compatible until such time as the patient accepts an offer. Patients would be prioritised at the top of their Tier in the kidney matching run such that any higher prioritised patients would still receive ultimate priority. The patient can be registered with a preferred HLA and age match if this has previously been specified within the UKLKSS.

The default for all non-directed altruistic kidneys is to a high priority patient on the national transplant list before inclusion in the UKLKSS quarterly matching runs. If the prioritised patient in option 2 has not accepted an offer by the commencement of the next scheduled matching run, prioritisation would

continue and include any compatible living kidneys offered at the end of an altruistic donor chain. Preferred HLA and age matching criteria would remain in place.

The necessary processes can be put in place to ensure that appropriate safeguards for traceability and allocation procedures are in place for either of the above options for prioritisation.

RECOMMENDATIONS

Given that the number of patients involved is small and that individual circumstances and priorities will differ between patients, it is recommended that:

1. A system of prioritisation for transplant is established for patients who miss out on a transplant in the UKLKSS when an identified exchange does not complete as intended.
2. Both options for prioritisation are offered, via the transplant team, so that patients can make an informed choice about their preferred option, tailored to their individual circumstances.
3. Transplant centres are responsible for reporting all cases of missed transplant opportunities in the UKLKSS to NHSBT via ODT on-line incident reporting so that these can be investigated and learning shared. The LKD Schemes team and Lead Nurse for Living Donation must also be informed. Requests for prioritisation for transplant listing can be made via Lisa Burnapp or Lisa Mumford.

KAG is asked to consider these recommendations for approval.

Lisa Burnapp and Lisa Mumford

Lead Nurse-Living Donation; Senior Statistician

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